RHODE ISLAND REGISTRY OF MOTOR VEHICLES

APPLICATION FOR FIRST LICENSE

PLEASE PRINT   DO NOT ENTER INFORMATION IN SHADED BLOCKS

11	LICENSE NO.	CHAUFFEUR CLASS	DATE OF BIRTH	SOCIAL SECURITY NO.	HEIGHT FT. INCHES	WEIGHT	SEX	RESTRICTION CODES

FIRST NAME	MIDDLE INITIAL	LAST NAME	COLOR OF EYES	CHECK HERE IF APPLICATION APPROVAL IS PENDING

STREET & NO.	CITY OR TOWN	STATE	ZIP CODE	DRIVER EDUCATION CERTIFICATE NO.

	YES	NO	RESIDENCE ADDRESS (ONLY IF DIFFERENT FROM ABOVE)
Is your license or right to operate a motor vehicle suspended, revoked or refused by this or any other state?	☐	☐	

	YES	NO	VISION TEST		LAW TEST			
			RIGHT EYE	LEFT EYE	DATE	EXAMINER	OK	FAIL
Have you ever been convicted of a motor vehicle offense in District or Superior Court?	☐	☐						
Do you now have any conditions that could impair your ability to drive a motor vehicle?	☐	☐	WITHOUT GLASSES					
Have you ever held an operator's license in Rhode Island or any other state?	☐	☐	WITH GLASSES					

I declare under the penalty of perjury that this certificate has been examined by me and to the best of my knowledge and belief is complete and the statements made herein are true and correct.

Signature of applicant in full _____

*NOTARY PUBLIC _____

SIGNED AND SWORN TO AND BEFORE ME   MO. _____   DAY _____   YEAR _____

MINOR LAW CHAPTER 31-10 OF THE GENERAL LAWS OF RHODE ISLAND, 1956 AS AMENDED
NOTE: REFER TO OPERATOR'S MANUAL
CERTIFICATION by PARENT(S) or SUCH RESPONSIBLE PERSON as INDICATED in
CHAPTER 31-10 for a MINOR UNDER 18 YEARS of AGE.

(FATHER'S) SIGNATURE _____

(MOTHER'S) SIGNATURE _____

(LEGAL GUARDIAN)
(RESPONSIBLE PERSON)
(EMPLOYER) _____
                              SIGNATURE

Subscribed and sworn to before me this_____ day of _____ 20 ____

_____
NOTARY PUBLIC

OFFICE RECORDS — DO NOT WRITE IN THIS SPACE

ACTIVE LICENSE LICENSE NO. EXPIRATION DATE	CHECKED BY	☐ BIRTH CERT ☐ BAPTISMAL CERT. ☐ ARMED FORCES IND. ☐